



STATE OF CONNECTICUT
Department of Public Health
Information Technology Section
Tele: (860) 509-7186

TO: Data Request Customer

FROM: Data Request Office
Information Technology Section

RE: Health Care Facilities Data Requests

This correspondence is intended to provide information to persons and/or organizations requesting **Electronic data (CD-ROM or Email)** and information from the Department of Public Health (DPH) Health Care Facility Licensing database. Completing the attached form(s) will help you understand what is available and likewise, document to us precisely what you are requesting.

Guidelines are as follows:

- We require **PREPAYMENT** for all orders. Your order will not be started until payment is received.
 - We will provide the data elements chosen in electronic form for each selected Facility Type. **Note: Not all Information is available for each Facility Type. File Descriptions provided with the data.**
 - These are licensed **ACTIVE** Facilities that hold a valid Connecticut license.
 - Some of the data elements may be incomplete and/or unverified in our files because of the type of information we receive from the facilities.
- **DISCLAIMER: Upon receiving your request, we ask you to inspect the data as soon as possible. We will not be responsible for any errors/damages after a 2-month period. It will be at the discretion of our Department whether to replace any data in this time period.**
- Routine requests will take up to 4 to 6 weeks to process from the date we open your request and payment. If you need overnight shipping, as opposed to standard mail, please include your billing number for Federal Express on the questionnaire (these charges to be billed directly to you).
 - The CD-ROM will contain the field names in the first row of the data.
 - For e-mail requests, files will be sent as a "WinZip" file.

Procedures:

- **PLEASE PRINT LEGIBLY.** We will not be held responsible if your request is sent to the wrong address because the contact information is illegible.
 - When filling in the 'requestor information', complete ALL lines whether you pick-up your CD or are having the data emailed to you.
 - We do not accept payment by credit card.
- NOTE: when writing your check, it must reflect the correct amount and be made payable exclusively to: **"Treasurer, State of Connecticut"**. **OTHERWISE, CHECKS THAT ARE NOT MADE PAYABLE AS INDICATED OR IN THE WRONG AMOUNT, WILL BE RETURNED AND YOUR REQUEST WILL BE DELAYED UNTIL A CORRECT CHECK IS RECEIVED.**
- Upon completion of the forms (pages 2 through 5), please return those pages and your check to:
Department of Public Health
Information Technology Section
ATTN: DATA REQUEST OFFICE
410 Capitol Avenue
MS #13DPR
Hartford, Connecticut 06134

If you have questions, please contact the Data Request office at (860) 509-7186.

For I.T. Office Use Only:	DATE D.R. E-MAILED:	DATE D.R.SENT:
Facilities	FLISData	DATE PICK-UP: _____ NAME: _____
Date rec'd/Amt.rec'd:	Processed	Created:

**DPH Information Technology Section
Electronic (CD-ROM or E-mail) Data Request
Health Care Facilities**

(1) Requestor Information (Complete **ALL**): Date of Request _____
(PLEASE PRINT CLEARLY OR TYPE)
Contact Person: _____
Company Name: _____
Telephone Number: _____
E-mail*: _____
Address Where Request is to be sent: _____

Do you wish to pick-up the request when completed? ☐ Yes ☐ No. If answered yes, please provide us with a number.
Do you wish to have the files **emailed*** when completed? ☐ Yes ☐ No. If yes, please provide your email address above.

NOTE: Your request will only be sent express mail if you provide us with a billing/account number.
Do you wish to have your request sent to you via Federal Express Overnight Express? ☐ Yes/☐ No (#. _____)
If answered Yes, please provide us with an address label with your address as recipient with your billing number indicated on the label.
By answering No, please understand that normal shipping will be used to process your request. **Allow 4-6 weeks for delivery.**

(2) Media type (Check only **one**):
1.) CD-ROM ☐ 2.) EMAIL ☐ (Be sure your email address is filled above)
(The processing fee for either a CD or E-mail is given on Page 5.)
➤ Nursing Home Book – available by contacting Rose McLellan in Facility Lic. & Cert. – Health Care Systems @ (860) 509-7435.
➤ Home Hlth Agency Book–available by contacting Rose McLellan in Facility Lic.&Cert–Health Care Systems @ (860) 509-7435.
➤ Day Care Facilities - available by contacting the Day Care Section @ (860) 509-8044, or on our website at www.ct.gov/dph.

(3) FACILITIES and KEY PERSONNEL (Check ALL that apply):

LICENSE TYPE CODES & DEFINITIONS		KEY PERSONNEL AVAILABLE By LICENSE TYPE <i>*Operator is the Licensee (always included)</i>
<input type="checkbox"/>	ALL Facilities	<input type="checkbox"/> All Key Personnel
<input type="checkbox"/>	19 ASSISTED LIVING SERVICES AGENCY	<input checked="" type="checkbox"/> Licensee* <input type="checkbox"/> Supervisor of Assisted Living Services
<input type="checkbox"/>	6 CHILDREN'S HOSPITAL	<input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Administrator <input type="checkbox"/> Chief of Medical Staff <input type="checkbox"/> Director of Nurses
<input type="checkbox"/>	8 CHRONIC DISEASE HOSPITAL	<input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Administrator <input type="checkbox"/> Chief of Medical Staff <input type="checkbox"/> Director of Nursing Services
<input type="checkbox"/>	1 CHRONIC AND CONVALESCENT NURSING HOME	<input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Administrator <input type="checkbox"/> Director of Nurses <input type="checkbox"/> Medical Director

<input type="checkbox"/>	3	CHRONIC AND CONVALESCENT NURSING HOME AND REST HOME WITH NURSING SUPERVISION	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Director of Nurses
			<input type="checkbox"/> Medical Director
<input type="checkbox"/>	21	FACILITY FOR THE CARE OR TREATMENT OF SUBSTANCE ABUSIVE OR DEPENDENT PERSONS	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Director
			<input type="checkbox"/> Executive Director
<input type="checkbox"/>	29	FAMILY PLANNING CLINIC (A)	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Medical Director
<input type="checkbox"/>	5	GENERAL HOSPITAL	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Chief of Medical Staff
			<input type="checkbox"/> Director of Nurses
<input type="checkbox"/>	23	HOME HEALTH CARE AGENCY	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Supervisor of Clinical Services
<input type="checkbox"/>	24	HOMEMAKER-HOME HEALTH AIDE AGENCY	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Supervisor of Clinical Services
<input type="checkbox"/>	7	HOSPICE	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Director of Nurses
			<input type="checkbox"/> Medical Director
<input type="checkbox"/>	9	HOSPITAL FOR MENTALLY ILL PERSONS	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Chief of Medical Staff
			<input type="checkbox"/> Director of Nursing Services
<input type="checkbox"/>	30	INFIRMARY OPERATED BY AN EDUCATIONAL INSTITUTION (A)	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Director of Nurses
<input type="checkbox"/>	14	MATERNITY HOME	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
<input type="checkbox"/>	31	MATERNITY HOSPITAL	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Director of Nurses
			<input type="checkbox"/> Medical Director
<input type="checkbox"/>	20	MENTAL HEALTH COMMUNITY RESIDENCE	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Director
			<input type="checkbox"/> Executive Director
<input type="checkbox"/>	15	MENTAL HEALTH DAY TREATMENT FACILITY	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Director
			<input type="checkbox"/> Executive Director

<input type="checkbox"/>	18	MENTAL HEALTH RESIDENTIAL LIVING CENTER	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Director
			<input type="checkbox"/> Executive Director
<input type="checkbox"/>	10	OUTPATIENT CLINIC	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Dental Director
			<input type="checkbox"/> Medical Director
<input type="checkbox"/>	13	OUTPATIENT DIALYSIS UNIT	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Medical Director
			<input type="checkbox"/> Nurse Supervisor
<input type="checkbox"/>	11	OUTPATIENT SURGICAL FACILITY	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Medical Director
			<input type="checkbox"/> Nurse Supervisor
<input type="checkbox"/>	17	PSYCHIATRIC OUTPATIENT CLINIC FOR ADULTS	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Director
			<input type="checkbox"/> Executive Director
<input type="checkbox"/>	25	RECOVERY CARE CENTER	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Director of Nurses
			<input type="checkbox"/> Medical Director
<input type="checkbox"/>	4	RESIDENTIAL CARE HOME	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Person in Charge
<input type="checkbox"/>	2	REST HOME WITH NURSING SUPERVISION	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Director of Nurses
			<input type="checkbox"/> Medical Director
<input type="checkbox"/>	32	WELL CHILD CLINIC (A)	<input checked="" type="checkbox"/> Licensee
			<input type="checkbox"/> Administrator
			<input type="checkbox"/> Medical Director

(4) File Format ASCII Text Field Delimited:

Example:

"FACILITY_TYPE_DESC","FACILITY_NAME","ADDRESS_1","ADDRESS_2","ADDRESS_3","TOWN","STATE",
"ZIP","PHONE","FAX","TOTAL_BEDS","OPERATOR","ADMINISTRATOR_NAME",
"DIRECTOR_OF_NURSES_NAME"

Note: Operator is the Licensee (always included).

(5) Fee calculation for a CD or file (Check only one):

NOTE: New price effective February 1, 2009

The fee for a CD or file (e-mail) is \$40.00. This fee is for one or many facilities on one CD or in one file. Each additional CD or file is \$10.00.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE.

USE THE SPACE BELOW FOR ADDITIONAL COMMENTS:
